

University of West Georgia
Certification of Border County Residency
(revised 7/2009)

Full Name _____ UWG Student ID _____

Gender _____ Date of Birth _____ Place of Birth (city/state) _____

Permanent Home Address _____

Current Address if different from above _____

Current Residence Maintained Continuously Since: Month _____ Year _____

Colleges Presently Attending or plan to attend _____ Term _____

Most Recent Driver's License Issued by Which State _____

Automobile(s) (if any) Registered in Which State _____

State of Residence Claimed on Last State Income Tax Return Filed for what year? _____

This Residence Claimed for Whole or Part Year? _____

In Which State are You Registered to Vote? _____

Military Service (yes or no) Home of Record _____

The above information is given to the official whose signature appears below for the purpose of assisting said official in determining my legal residency status.

Sworn to and subscribed before me this date _____

Signature _____

Applicant
seal

Notary Public signature &

The following must be executed by a Judge of the Highest Court of the County where you maintain your legal residence.

Based upon the above information, I hereby certify that, in my opinion, _____

is and has been a legal resident of the County of _____ in the State of _____
for the past twelve (12) months.

Date _____ Signature and seal of Judge _____
Title _____

This Waiver must be received in the Registrar's Office no later than two weeks prior to the posted fee payment deadline for the effective term. Waivers received after this date, risk not being processed in time for fee payment.

Return to: Office of the Registrar, University of West Georgia, Carrollton, GA 30118 (faxed copies cannot be accepted)